

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>107009232</b>	<small>FILING DATE</small> <b>15 APR 2002</b>					
							<small>APPLICANT(S)</small> <i>Morris</i>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				2			53						
4				1			54						
5				1			55						
6				1			56						
7			1				57						
8				1			58						
9				2			59						
10							60						
11							61						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS			2				TOTAL CLAIMS						